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Syd Barrett took a left turn and never came back, Andrew Voyce took a left turn and did. Why?

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Abstract

Purpose – *The aim of this paper is to compare the stories of Syd Barrett musician, with Andrew Voyce, and their respective recovery journeys.*

Design/methodology/approach – *The authors use collaborative autoethnography to share their own perspectives on Syd Barrett and to contrast his story with that of Andrew, a co-author.*

Findings – *Both Syd and Andrew experienced serious mental distress. While Syd had only limited contact with mental health services, Andrew's contact was extensive, with a 20-year history of admissions and discharges. In the end, when the psychiatric services listened to Andrew's concerns and acted on them, he was able to enter into the journey of recovery.*

Originality – *Bringing together two stories of mental distress enables the authors to explore the concept of recovery.*

Research limitations/implications – *The authors are restricted in the amount of available information on Syd Barrett, especially that related to mental health problems. The story of Andrew shows how recovery is possible even after years of serious mental illness.*

Practical implications - *Andrew's story shows why professionals should never give up on people, with even the most seemingly severe and intractable problems. Could services have done more for Syd?*

Social implications - *Mental illness still attracts huge stigma. Today there is a much more open culture. Would Syd have come out about his own struggles with mental health had society been more open?*

Keywords Schizophrenia Syd Barrett Andrew Voyce Recovery Drugs

Introduction.

Syd Barrett remains an enigma (Haylin, 2012, Ch.2), despite having dropped out of the music scene in 1978, after sporadic activity from 1972 onwards. As the original front man of the band Pink Floyd, Syd Barrett was poised for great fame and wealth, but his drug use and increasingly erratic and unpredictable behaviour resulted in his ejection from the band in April 1968, initially without his being told (Chapman, 2010, Ch. 6). Barrett's subsequent solo career failed to fulfil his early promise, but he did not

entirely disappear into obscurity. Instead, Barrett became an iconic and tragic figure, one in whom any seeker after truth can find their goal fulfilled. As such, Barrett can be deployed to represent archetypes of "*lost potential*" (Kent, 2016) and of "*acid casualty*" (Ott, 2020) and yet the truth about him remains tantalisingly out of reach.

Barrett continues to exert fascination to an extent that is perhaps surprising, given that the band he founded only reached major success after his departure (Chapman, 2010, Ch. 9). The reasons for his *"left turn"* from normality continue to be the subject of much speculation and there remains a search for understanding of what happened to him and what this might tell us about genius, madness and the 'drug infused' counterculture of the 1960s.

Anecdotally, the lead author of this article found that Syd Barrett was a cult figure for the young adults with mental health needs, with whom he worked in the early 1990s. Syd Barrett's music and that of *"Dark Side of the Moon"* and *"Wish You Were Here"* period Pink Floyd, were a unifying force for them, despite their otherwise disparate musical tastes. They found some form of confirmation and validation of their experiences in Syd Barrett. For people conscious of the impact that their mental illness had on their status and their prospects, the fact that Syd Barrett had been there before them, provided a form of consolation. This fascination with trying to understand Syd Barrett and his experiences, to seek out signs and clues as to what happened to him and what these might tell us, is not only the preserve of people who use psychiatric

services. There is also evidence that it extends to those who provide them too. A process of reflection on Syd Barrett led Sanati and Young (2017), for example, to argue in the British Journal of Psychiatry for the need to pay greater attention to *"imponderable evidence"* in psychiatric assessments.

Whilst less well known than Syd Barrett, Andrew Voyce also took a left turn from normality, after participating in the counterculture of the late 1960s, whilst a student at the University of Reading. Unlike what we know of Syd Barrett, however, Andrew Voyce spent a career using psychiatric services and is notable for achieving recovery from schizophrenia, which he has written about extensively. This article compares what can be determined about Syd Barrett's "left turn" with that of Andrew Voyce's and by doing so, aims to derive some insights into the process of recovery from "schizophrenia".

Collaborative Autoethnography.

There is an obvious challenge in drawing comparisons between the life of a now deceased person, who can be known only through the recollections, reminiscences and reconstructions of others, with that of a person who is able to contribute their story directly. This is especially difficult in the case of Syd Barrett, who has been subject to extensive mythologisation and about whom many differing accounts exist of the same event.

In order to do this, we will attempt to synthesise elements of psychobiography with collaborative autoethnography (CAE) (Hernandez et al, 2017). Psychobiography is a personality-focused approach to attempting to answer specific questions about historical figures (Schultz and Lawrence, 2017). It has been used to inquire into the personality of musicians through their work (for example, Kasser's 2013 exploration of the character of John Lennon, via the words and music of Lucy in the Sky with Diamonds) and to examine conflicting explanations for why Vincent Van Gogh cut off his ear (Runyan, 2005). It offers a method for examining the disparate accounts of what happened to Syd Barret and why, and for drawing some tentative conclusions about the extent to which he experienced, and recovered from, mental health distress.

Autoethnography is a method for "re-authoring" personal narratives or accounts of events (White, 2005). It is a reflective process that aims to achieve a "true" rendition of the autoethnographer's experience of certain events or phenomena (McIlveen, 2008), which may not have been clear to them at the time. As such it enables the reappraisal, reconsideration and reconstruction of experience. It also enables otherwise unheard voices to be presented and listened to and empowers the otherwise unrepresented. Autoethnography can be cathartic, since authors can present their own account and reflections, rather than be the subject of someone else's account of who they are and what happened to them. It enables the direct communication of experience to a readership, who otherwise would have had none, and certainly no insider knowledge, of the subject matter.

Andrew Voyce's own insight into his experience of 20 lost years as a revolving door asylum patient and vagrant, has been enabled by the reflective autoethnographic process (Voyce, 2012; 2018). Andrew Voyce found the act of re-authoring to be transformative, since it can change viewpoints and generate new understanding. It is can also be the beginning of a conversation with the readership. Coffey (2017), writes that autoethnography implies a continued relationship with readers, not to be abandoned after the piece of work is complete.

Autoethnography can be practiced by a single author, but sometimes there is value in bringing together multiple viewpoints and embracing different experiences. The use of collaborative autoethnography enables autoethnography to be a shared process of discovery where the voices of multiple authors work together, challenging, contesting, expanding on and also learning from, each other. In this process the authors of this paper drew from the work of Hernandez et al., (2017).

The authors worked separately and together to reframe and redescribe their disparate experiences of mental health services, in order to draw out meaning from what is known of Syd Barrett's, and from Andrew Voyce's own accounts of contact with these services. As Coffey (2017, p7) states, "your story is not your own", and so this process was not dominated by one of the authors but was conducted in an atmosphere of respect for each other. This conversation between a psychobiography of Syd Barrett

and a collaborative autoethnography of Andrew Voyce is the focus of this paper. In order to explore our own motivations for collaborative autoethnography, each author contributed a brief account of what led them to work together on this paper.

Jerome Carson.

The idea for this paper came to me when I read a quotation from Mick Fleetwood, talking about his friend and former band member, Peter Green. He commented, "*It's no secret he took a left turn and never came back,"* (Newman, 2020). It reminded me of Syd Barrett, probably one of the most famous musicians who also 'took a left turn'. I began to reflect, what was it about Syd Barrett that meant he never came back? In contrast, I had known Andrew Voyce since he had contributed a chapter for our book, *'Psychosis Stories of Recovery and Hope'* (Cordle et al., 2011). I knew of his own story of mental illness, told in his book *'The Durham Light.'* I invited him to speak to our local recovery group (Morgan and Carson, 2009), in Streatham, South London. He was also one of the keynote speakers at a conference held at the Institute of Psychiatry to launch the book in 2011. The final piece of work we did with Andrew was to produce his book *'Side Effects,'* in collaboration with Hannah Cordle again (Voyce and Cordle,

2012). I retired from the NHS in 2011, and in 2012, moved to become Professor of Psychology at the University of Bolton.

Andrew kept in touch, sending me Christmas cards every year and we re-established communication via e-mail, then Zoom. I was struck by the fact that we had both attended the University of Reading in the 1970s and that we had both ended up in the field of psychiatry, Andrew as a mental patient and me as a mental health professional. We wrote an autoethnographic account of our parallel lives (Voyce and Carson, 2020). We are continuing to work on other collaborations.

The third person in this trio is Patrick. I had collaborated with Patrick on several pieces of research when I worked at the Maudsley (Carson and Hopkinson, 2005; Jacobsen et al, 2010/2011). We met again just after Christmas 2020, and I co-opted him to join Andrew and I on this research. He has in fact been leading the work.

This paper is very important to me. Syd Barrett is almost a mythical figure in the history of contemporary music. Why he took a left turn and never came back, we can only speculate? Syd is the only person that can answer that question and sadly he is no longer with us. When you, the reader, consider how ill Andrew was for many years, how did he manage to come back? That at least is a question that we have some answers to.

Andrew suffered with several delusions, not all detrimental to his wellbeing. As he slept in bus shelters, he believed that he was being hypnotised by some external force, so he would be protected from the intense cold of the night. Miraculously he never died of hypothermia, nor was he seriously assaulted by anyone looking at him as an easy victim. Somehow, he managed to drag himself back from the abyss of madness. Sadly, Syd Barrett never managed to do the same.

Andrew Voyce.

What do I have in common with Syd Barrett's experience? Maybe the work of Tom Wolfe has a bearing for contextualising our experiences. Tom Wolfe wrote the Electric Kool-Aid Acid Test (1989), describing the activities of Ken Kesey's Merry Pranksters in California in the early 1960s. The pranks of the Merry Pranksters included leaving LSD gel on door handles for the next people to touch and go on an unintentional trip.

They also played pranks on each other, such as one prankster driving off their bus and home, leaving the other Merry Pranksters where they were. In Chapter 7 of Wolfe's book, the Pranksters just leave Stark Naked, one of theirs, in a psychiatric hospital, and abandon her. Maybe Syd and I had such an experience, when we were dumped by our group of friends. There was no showdown or eviction, rather Syd and I were just left behind. So, Syd was just not told when there was a gig coming up for Pink Floyd and he was not told that Dave Gilmour was replacing him in the band. It

just happened that Syd was no longer included in the band that he formed. The other members became uncomfortable with some of his antics, such as detuning his guitar onstage. In my case the group of drug takers I was living with just moved out of their rented house and moved in somewhere else, leaving me behind. Perhaps they were concerned that I painted my shoes gold and didn't take a regular bath. I was no longer cool. People who outwardly embraced many unconventional thoughts and lifestyles, rejected the mentally ill, including Syd and me. As Judi Chamberlin wrote, *"We call a person 'sick'... it's an easy way to dismiss that person's ideas or actions"* (2019, p 235). So, some people, who in that era claimed to be the most open-minded, were in fact intolerant towards people like Syd and me because of mental illness.

The epiphany moments that Carolyn Ellis (2011) describes happened for me. As well as leaving hospital the last time on satisfactory medication, I was able with encouragement to write down the false beliefs, the delusions, that I had when last homeless and psychotic. To the readers of this piece, I was able to describe my schizophrenic homelessness in ways which subsequently enabled me to recognize that my days of homelessness, psychosis, and brushes with the criminal justice system were driven by false beliefs. This was indeed an epiphany, a catharsis. I was able to move on. I included autoethnography in my toolkit for understanding those lost years. My experiences of psychosis can be put in a social and political context, enabled by the work of critical theorists and proponents of autoethnography including

Ellis, Adams and Bochner (2011) and Coffey (2017). (Dictated to my Microsoft stenographer, May 2021).

Patrick Hopkinson.

If not for the chance meeting with Jerome during a brief respite from Covid-19 lockdown restrictions over Christmas 2020, I would not have played any role in producing this paper. I was already vaguely aware of Andrew Voyce after attending the launch of the book *"Mental Health Recovery Heroes Past and Present" (*Carson et al, 2011), at which I remembered Andrew to have been an inspirational and thought-provoking speaker. My own career and areas of interest, however, had already diverted away from psychiatry to health and social care management and commissioning, and then to adult safeguarding and so I did not pursue the topic of recovery further. I had also developed, under the influence of Thomas Szasz (Hopkinson, 1998), rather anti-psychiatry views and had come to consider mental health services as a necessary form of social protection, but of little therapeutic value or indeed intent. Collaborating with Andrew and Jerome, however, has reignited a latent interest and has also forced me to reconsider my position on psychiatry. I see in Andrew's life clear evidence of the coercive and controlling psychiatry that dissuaded me from entering the clinical field and yet I also perceive an alternative, more person focused and sensitive version, which enabled Andrew's recovery. This has presented me with something on a conundrum, since I am grudgingly aware that

my career choice might have been based on a faulty perception of reality. My beliefs have been challenged during the production of this paper and, rather like Andrew, I have found the process of autoethnography to be transformative. Unlike Andrew, however, I am left with a faint feeling of regret.

In addition to a managerial career, I have maintained a 'toe dipped in the waters' of academia, by lecturing on qualitative research methods at the Institute of Psychiatry, Psychology and Neuroscience for many years. Engaging in collaborative autoethnography with Andrew and Jerome has inspired me to pursue the academic side of my career further. This has also been an opportunity to combine my academic ambitions with my passion for music and to make a contribution to both. Syd Barrett has rarely been the subject of published academic study and much that is written about him is in the breathless and hyperbolic style of popular music journalism. One attempt by Chapman (2010), which was the subject of a subsequent PhD thesis (Chapman, 2011), is notable in trying to remedy this, by conducting new interviews, applying rigour to the analysis of source material and by challenging ill-informed and lurid speculation. I hope that my work with Andrew and Jerome has built on this foundation to provide useful insights into Syd Barrett's "left turn" when compared with Andrew's. Finally, this work has also reinforced my great respect and admiration for Andrew who, in spite of receiving the worst (and occasionally the best) that psychiatry can offer, managed through determination and strength of character to come back. There is something of inspiration here for all of us.

Using a psychobiographical approach to Syd Barrett and collaborating with Andrew Voyce to re-author and re-examine his own experiences, it is possible to identify a number of areas of similarity and of difference between them. The first of these is the presence in their lives of mental health distress and the extent to which this was formally recognised.

Syd Barrett: Diagnosis.

Contemporary accounts by fellow Pink Floyd members and friends identify that Syd Barrett changed after taking LSD. They consistently identify the following:

1) Change in behaviour: disinhibition, deliberately detuning his guitar on stage in front of the audience; unreliability and unpredictability; staring “catatonically.”
2) Change in appearance: there are several references to a change in Syd Barrett’s eyes, which were described as “empty” and later to shaving off his hair and eyebrows and very considerable weight gain.

However, there are no accounts of whether or not Syd Barrett expressed any bizarre thoughts, delusional beliefs or hallucinations.

As far as can be determined, Syd Barrett was never formally diagnosed with a specific mental health problem (Chapman, 2010 Ch. 10). Theories and descriptions of Barrett's condition and its causes abound. These range from a bad reaction to recreational drugs, which brought out an underlying insanity (Haylin, 2012, Preface) to a hermit like avoidance of, and hiding from, fame (Chapman, Ch. 5). More formal diagnoses such as Asperger's Syndrome (Campanella, 2015), a personality disorder (Willis, 2006) and a psychotic reclusive state (Fusar-Poli, 2007), have all been suggested.

The accounts of friends and family provide more detail but still remain inconclusive. In 1967, Syd Barrett's friends arranged for him to see the prominent anti-psychiatrist R.D. Laing, but Barrett either refused to meet him (Chapman, 2010, Ch.10) or R.D. Laing concluded that he was incurable (Mason, 2020). There are no further documented contacts with psychiatric or anti-psychiatric services until 1982, when according to his sister Rosemary (cited in Chapman, 2010 Ch.10), not long after returning home to live with his mother, Barrett had a *"brainstorm and was violent. He would sort of wreck the house a bit…".* Subsequently Barrett was admitted to a psychiatric hospital (Fulbourn in Cambridge), but was quickly discharged after a few days without treatment, since he had a personality disorder, a diagnosis that Rosemary refuted. According to Willis (2002), Barrett was also prescribed "largactil" (chlorpromazine, an anti-psychotic) and remained an outpatient at Fulbourn for a limited time.

Shortly afterwards, following contact with social services, Barrett lived at Greenwoods, a Christian group home for adults with mental health problems in Essex. Chapman (2010, Ch.10), quotes an anonymised account of Barrett's time there by the Minister at Greenwoods, who described Barrett as a victim of drugs, but arrived at Greenwoods too late to be helped. Barrett stayed there for a year and left of his own volition to return home. Following this, Barrett appears to have lived in his mother's home for the rest of his life, where the auction catalogue of Barrett's possessions following his death on 7th July 2006, suggests that, in addition to gardening and some painting and drawing, he was a prolific maker and modifier of household furniture.

Further evidence that Barrett had experienced some form of mental health problem can be found in Lot 729, which Chapman (2010, Ch.10) analysed in some detail. This Lot contained a number of books, including the Oxford Textbook of Psychiatry (Gelder, Gath and Mayer). Inside, Barrett had written a list for further reading which featured The Handbook of Psychiatric Rehabilitation Practice (Wing and Morris) and Brain and Behaviour (Brown). In addition, Barrett had also copied a passage from the Textbook, which included the line, *"hysteria could be traceable to loss of memory in early life"* and his own comment, *"all manic depressives therefore recover."*

Barrett had also noted a number of page references to sections in the textbook on diagnosis and causes of mental health problems, the treatment of dementia, which includes using lists and reminders to counter deficits in memory, and paranoid

symptoms and syndromes. This last section covers the Freudian link between depression and self-reproach and the Kleinian link between problems in infant attachment and depression in adult life. Chapman (2010, Ch.10), not unreasonably, suggests that Barrett, in his later life, might have been trying to self-diagnose.

Andrew Voyce: Diagnosis.

Unlike Syd Barrett, Andrew Voyce is able to describe his own discovery of his experience of mental health distress in the following way, "*Andrew discovered that his diagnosis was schizophrenia by happening across a letter written to his father some time into his 20 lost years as a ping-pong, merry-go-round, revolving door psychiatric patient with multiple admissions*". In a way that might perhaps have been similar to Barrett, about whom there are no accounts of auditory hallucinations, "*Voyce did not have troublesome voices, despite his surname. Rather he had non-consensual views of reality".* Significantly Voyce had much more prolonged and intensive contact with psychiatric services.

Andrew Voyce too spent time trying to understand and make sense of his condition and experiences and describes himself as, *"an interested reader of models of recovery, the earliest of which is Bill Anthony's from 1993. Andrew is clear that recovery for him is not the 12-step programme of Alcoholics Anonymous, it is not to get better as the Royal College of Psychiatrists (2020) have it, and it is not to get back*

to how you were, so eloquently put by Brick (2010). Andrew places his recovery on the sure foundation of effective medication, which is somewhat limiting, but does not produce unacceptable side effects. This enables him to follow the suggestion of Repper and Perkins (2003), that social, personal and meaningful recovery can follow on. Drennan and Alred (2012), have a place for therapeutic recovery, where detention can be the start of the road to recovery. Just so. Andrew appreciates the essential place of hope and an identity beyond that of mental patient and has a particular place for independence in his perception of what a recovered life looks like".

Similarities and differences.

What can be learned from an analysis of what is known of Syd Barrett and what can be known of Andrew Voyce? How might this give some insights into what it takes, and what it means, to recover? The synthesis of autoethnography and psychobiography identified the following themes.

1) Drug use - marijuana vs LSD.

As far as can be ascertained, Syd Barrett's drug use began with cannabis. Like many others in the Cambridge scene, he progressed to the counterculture-defining LSD by the summer of 1965 (Chapman, 2010, Ch.2), an event allegedly captured in the hallucinatory short film, "*Syd Barrett's First Trip,*" by accomplice Nigel Lesmoir-

Gordon. Perhaps surprisingly, John Lennon and George Harrison of the Beatles had first encountered LSD only in the spring (Gould, 2007, Ch.30) that year. Cambridge, assisted by the University's chemistry laboratories, appears to have been quite progressive in this respect. Barrett's subsequent "left turn" is often ascribed to an archetypal "bad trip" on LSD (Mamone, 2017), or to a drug-fuelled exacerbation of an underlying susceptibility.

Similarly, Andrew Voyce, "*associates the onset of schizophrenia at Reading with chronic abuse of recreational drugs, cannabis in particular".*

A meta-analysis of 11 studies by Di Forti et al., (2019) found strong evidence for a connection between the frequent use of high-potency cannabis and the development of psychotic symptoms. According to Mamone (2017), however, the evidence for the impact of LSD and other psychedelic drugs in the same way is ambiguous. For example, a small-scale study by Palhano-Fonte et al., (2019), found the Brazilian psychedelic ayahuasca, to be significantly more effective than a placebo, in treatment resistant depression. Rucker et al., (2016) argue that, based on their meta-analysis, the use of psychedelics in the treatment of mood disorders should be re-examined since there is evidence of their effectiveness. Despite this promising evidence for the benefits of mind expansion, Fuentes et al., (2020) caution, without any note of humour, that many psychedelic science studies are generally poor quality with weak controls.

2) Social support - Reclusiveness vs visibility.

Both Barrett and Voyce spent time living on the margins as outcasts from groups that thought themselves to be outside of the mainstream. For all its embrace of a progressive new world order, the counterculture was surprisingly traditional in its attitude to mental illness. It's classic organ, Oz featured a cartoon strip of the "Largactilytes"; lumpish, squawking humanoids, in sharp contrast to its positive depictions of pot-heads. As Andrew Voyce put it, as he descended into psychosis, he "*experienced abandonment by university and those around him*". Being mad was not cool. Being freaked-out on antipsychotics was not the same as being a Freak.

Syd Barrett left his public musical career, pursued a relatively unsuccessful solo recording career and then finally returned to his family home. Andrew Voyce did not return to his family and instead spent time homeless and sleeping rough. He "*took his left turn, failed his final examinations, and became a socially excluded and alienated part-mental ward patient, part-vagrant, with a criminal record, for those lost years*".

There was also a theme of rejection versus acceptance by family in Barrett and Voyce's life. For Barrett there was support first from his mother and then from his sister. For Voyce, there was rejection, particularly from his father.

3) Hospital admission - Limited hospital provision as a means to freedom.

It appears that Barrett had very limited contact with mainstream psychiatric services, whilst Voyce experienced the best and worst that they could offer: "*After a negotiation at his last admission to have medication that did not produce, as with his multiple asylum admissions, horrendous side effects, Voyce experienced a therapeutic recovery. That means to have hope, a meaningful life, a satisfactory identity, and a degree of independence, as advocated by such as the Scottish Recovery Network (2015). He did become a Largactylite, being prescribed chlorpromazine, and that was acceptable rather than the debilitating akathisia-inducing Depixol injections of asylum life. Now having taken atypical antipsychotics for 25 years, he has obtained Bachelor's and Master's degrees, has enjoyed some excellent holidays, and after his state retirement age has worked in mental health peer support. There is more to go, but Andrew has largely come back from his left turn".*

Significantly, whilst Andrew Voyce's experience of the benefits of psychiatry might be described as not entirely satisfactory, when the system listened to him and understood his needs, the effects were remarkable.

Barrett's encounters were rather less persistent. One way or the other he avoided RD Laing and spent very little time in Fulbourn. It would appear that Syd Barrett's escape from psychiatry might have had short term benefits for him (his return to his family home where he could live without imposed treatment). These benefits, however, were

not necessarily shared with his family (his mother had to move out in fear of her safety) and do not seem, unlike for Andre Voyce, to have led to his ultimate recovery.

4) Epiphany vs bewilderment.

If the extent of Syd Barrett's recovery remains unclear, for Andrew Voyce it was profound and transformational, "*As he gained insight after his last hospitalisation at the age of 40 years old, he had the catharsis of writing his personal narrative of psychotic delusions (Voyce 2012, 2018). He was able to recognise these as false beliefs, a symptom of schizophrenia".* As a result of recognising the true nature of these views, *"The episodes that had begun with paranoia at Reading University at 19 years old no longer led him to psychosis and self-neglect after his last inpatient stay".*

Conclusions.

Whilst Andrew Voyce and Syd Barrett's experiences differed and whilst much more can be known of Andrew Voyce than can now be known of Syd Barrett, their stories do resonate with meaning.

Cannabis, rather than the use of psychedelics, links Syd Barrett and Andrew Voyce. The evidence of the role of psychedelics in causing psychosis, or exacerbating an underlying susceptibility, is weak (Johansen and Krebs, 2015), but that for cannabis appears to be rather stronger (Miller, 2020). Andrew Voyce has been able to identify a connection between his use of cannabis with his subsequent mental health distress. Syd Barrett's views on the matter have not surfaced.

Despite the evidence that social networks can be beneficial for recovery (Carson, 2012, p.89), both Syd Barrett and Andrew Voyce were rejected by their social circle, to whom they had become inconvenient and disturbing. This rejection, however, may have removed Syd Barrett and Andrew Voyce from the circumstances that had contributed to and maintained their mental health distress. Some networks are better than others.

Andrew Voyce's "left turn" took him into a world of homelessness and actively pursued delusional beliefs, punctuated occasionally by enforced incarceration and treatment. Syd Barrett's does not appear to have been so profoundly disruptive and potentially life threatening. Syd Barrett appears to have had few financial worries, was supported by his family and had somewhere to live. Andrew had no source of income, was rejected by his family and lived in bus shelters. If asked to predict outcomes on the basis of just these facts, most reasonable people would be likely to agree that it would

have been Syd Barrett who survived to collaborate on this paper, rather than Andrew Voyce.

Why is this not the case? Syd Barrett's circumstances appear to have served to maintain him but not to change him. Syd Barrett's encounters with mental health services appear to have been remarkably casual with little evidence of treatment. (access to his medical records, if this were possible, might shed some light on some of the mystery that surrounds him). Andrew Voyce's encounters with mental health services, however, could only make him or break him. He could not have continued his cycle of homelessness and hospitalisation indefinitely, although he did survive this for 20 years. Fortunately, before he was broken, Andrew Voyce found mental health services that were prepared to adapt to him, rather than attempt to bend him to their will. It is interesting to ponder on what the outcome of such an approach with Syd Barrett might have been.

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